

# Guide to Malnutrition Screening and Oral Nutritional Supplements (ONS) Prescribing for Adults

based on the 'Malnutrition Universal Screening Tool' ([MUST](#))

**Step 1** (BMI score) + **Step 2** (weight loss score) + **Step 3** (Acute Disease effect score)

BMI kg/m <sup>2</sup>	
More than 20	<b>Score 0</b>
18.5 – 20	<b>Score 1</b>
Less than 18.5	<b>Score 2</b>

Unplanned weight loss % in past 3-6 months	
Less than 5%	<b>Score 0</b>
5-10%	<b>Score 1</b>
More than 10%	<b>Score 2</b>

If patient is acutely ill <b>and</b> there has been or is likely to be no nutritional intake for more than 5 days
<b>Score 2</b> (rarely needed in community)

## Step 4: Overall risk of Malnutrition

Add score together to give overall risk of malnutrition. MUST is only an indication of malnutrition risk and should be used alongside clinical judgement.

**Refeeding Risk:** Those who have eaten little, or nothing for 5 days or those at high risk of malnutrition (MUST 2 or more) may be at risk of re-feeding syndrome and should have nutritional support introduced gradually and be monitored closely. Refer to page 19 of CG32 Nutrition Support in Adults: quick reference guide on [www.nice.org.uk](http://www.nice.org.uk) for further information.

**Individuals with signs of dysphagia require further investigation, refer to Speech and Language Therapy**

## Step 5: Management Guidelines for each score

<b>Score 0 = Low Risk</b>	<ul style="list-style-type: none"> <li>Consider signposting to healthy eating resources <a href="#">Healthy Eating</a> OR <a href="#">Eating, drinking and ageing well</a> as appropriate. <b>OR</b></li> <li>If prescribed ONS consider reducing and promote 'FOOD FIRST' advice where nutritional intake and appetite remains a concern.</li> </ul> <p><b>Review monthly in Care Homes. Review if clinical concern in other settings</b></p>
<b>Score 1 or more</b>  <b>NB</b> Treatment may not be appropriate in all situations where a MUST score is 1 or more, for example in <a href="#">late palliative/end of life care</a> or where low BMI is baseline/'typical' for individual (in absence of ongoing weight loss)	<ul style="list-style-type: none"> <li>Manage factors which may affect food intake; nausea, vomiting, constipation, diarrhoea, alcohol and drug use, social concerns (ability to shop, cook and eat)</li> <li>Identify aim of treatment e.g. weight gain/maintenance, wound healing etc</li> <li>Provide 'FOOD FIRST' advice <a href="#">Making the Most of Your Food Leaflet</a> and <a href="#">Nourishing Drinks Leaflet</a> <ul style="list-style-type: none"> <li>Encourage 2 nourishing drinks and 2 nourishing snacks daily</li> <li>Encourage <a href="#">fortified milk</a> in tea, coffee, cereal etc</li> <li>Advise to purchase daily multivitamin and mineral supplement</li> </ul> </li> <li>If MUST 2 and unable to implement Food First consider first line ONS as below</li> </ul> <p><b>Review time-frames</b></p> <ul style="list-style-type: none"> <li><b>MUST score 1 (Medium Risk)</b> Community: 1-3 months (based on clinical need), Care Homes: monthly</li> <li><b>MUST Score 2 or more (High Risk):</b> Community: 2-4 weeks, Care Homes: 2-4 weeks plus weekly weights</li> </ul>

## Step 6: Repeat 'MUST' (See above for guidance on review time-frames)

<b>Score 0 = Low Risk</b>	<ul style="list-style-type: none"> <li>See "Score 0 = Low Risk" above</li> </ul>
<b>Score 1 or Score 2 or more but IMPROVING</b>	<ul style="list-style-type: none"> <li>Continue FOOD FIRST advice.</li> <li>Review every 1-3 months depending on setting until treatment goals are met</li> <li>If prescribed ONS: consider reducing gradually (to 1 daily) and stopping with close monitoring of weight, BMI and MUST score</li> </ul>
<b>Score 1 or Score 2 or more but DETERIORATING</b>	<ul style="list-style-type: none"> <li>As per Amber box above PLUS Consider first line ONS twice daily as per <a href="#">BSW ICB Adult ONS formulary</a> – SEE BELOW for further guidance on product choice</li> <li>Review in 4 weeks to check weight, MUST and ONS compliance</li> <li><b>If further deterioration on review consider</b> referral to Community Dietitians</li> <li>If improving, continue until treatment aims achieved and then reduce/stop ONS</li> </ul>

### Consider referral to Dietitian sooner if:

- Patient has complex nutritional requirements or requires ONS as sole or main source of nutrition.
- Patient has been seen by a Speech and Language Therapist and requires a prescription of thickener. First-line ONS may not be a suitable consistency.

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For further details and full product list please see the [BSW ICB Adult ONS formulary](#)

**NB – For any patient requiring thickened fluids and ONS, contact dietetic teams for advice on product suitability BEFORE initiating. Also, check ONS remain suitable if requirement for thickener changes.**

### **When commencing ONS: Ensure MUST screen and necessary steps have been initially followed**

1. Powdered ONS are first line for patients who can make them up (or have support to do so).  
*For care homes, if ONS are required, powdered supplements are always the preferred option unless there is clear justification for a ready-made supplement AND only if a resident has MUST score of 2 or more and is not improving with FOOD FIRST advice.*
2. Recommended dose is TWO SACHETS/BOTTLES DAILY, between meals. Please note; some preparations have 2 servings in 1 bottle e.g. Altraplen compact DAILY 250ml is the most cost effective presentation but is equivalent to TWO x 125mls Altraplen Compact.
3. Use the formulary table below to discuss preferences (including flavours) with patient.
4. For the initial prescription, prescribe a small number of assorted flavours as an acute prescription or order a sample direct from the manufacturer.
5. Explain to patient that ONS are a short-term intervention to meet a clear goal and will be discontinued when: agreed treatment goals are met, ONS are not having a therapeutic impact or if patient is non-compliant.

### **Reviewing/Stopping ONS**

- Consider reducing/stopping ONS gradually (e.g. reduce to once daily for a month, then stop) if patient's intake has improved and they are gaining weight, or weight has been stable for >6 months.
- Consider stopping ONS if; nutritional status has improved, MUST score is <2, patient at their baseline/normal weight; are no longer drinking or tolerating the ONS or unwilling to take at a therapeutic dose.
- Once stopped, advise patient/carer to monitor weight and intake and to contact GP if any concern. If ongoing concerns/deterioration, consider alternative ONS option or refer to Dietitian for support. Consider if nutritional intervention remains appropriate, particularly patients [in late palliative/end of life care](#).

<b>Preferred First line POWDER ONS choices on BSW ICB Formulary:</b> <b>Powders are not suitable as sole source of nutrition or for CKD4/5</b>					
Presentation	Product Name	Price	Monthly volume	Nutritional content/sachet	Instructions
Standard Volume	Aymes Shake	£0.52/sachet	56 sachets	383kcal, 19g protein	Made up with 200ml full fat milk
Compact Volume	Aymes Shake Compact	£0.52/sachet	56 sachets	320kcal, 15g protein	Make up with 100ml full fat milk
Juice Style and Dairy Free	Aymes Actasolve Smoothie*	£0.99/sachet	56 sachets	297kcal, 11g protein	Make up with 150ml water
<b>Preferred READY TO DRINK ONS choices. Only for patients who cannot make up a powdered shake.</b>					
Presentation	Product Name	Price	Monthly volume	Nutritional content/bottle	Instructions
Standard Volume	Altraplen Energy	£0.99/200ml bottle	56 bottles (11200ml)	300kcal, 12g protein	N/A
Compact Volume	Altraplen compact DAILY	£1.60/250ml bottle	28 bottles (7000ml)	600kcal, 24g protein	250ml bottle to be split and offered as 125ml BD
Juice Style	Aymes Actagain Juce*	£1.80/200ml bottle	56 bottles (11200ml)	300kcal, 8g protein	N/A
The products above should be safe and suitable for most patients. Please refer to BNF, manufacturer's information or dietitian for advice if patient is following a restricted diet or has complex nutritional needs. Prices based on October 2024 MIMS data.					
*These products are not nutritionally complete and have significantly less protein and vitamins/minerals then alternatives. They remain AMBER on formulary so should they be deemed the only suitable products for your patients then consider Dietetic referral for further assessment and justification					

Bath Community Dietitians – St. Martins Hospital, BA2 5RP, 01225 833916, [ruh-tr.referralssmhdietitians@nhs.net](mailto:ruh-tr.referralssmhdietitians@nhs.net)  
 Swindon Community Dietitians – Eldene Health Centre, SN3 3RZ, 01793 646232, [gwh.swindoncommunitydietitians@nhs.net](mailto:gwh.swindoncommunitydietitians@nhs.net)  
 Wiltshire Community Dietitians – Chippenham Community Hospital, SN15 2AJ, 01249 456512, [whc.wiltshiredietetics@nhs.net](mailto:whc.wiltshiredietetics@nhs.net)